

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

DARRYL J. MOHR, M.D.

License No. 11224

For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-09-1053A
MD-09-1576A

**ORDER FOR LETTER OF REPRIMAND
AND PROBATION AND CONSENT TO
THE SAME CONSENT**

Darryl J. Mohr, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 11224 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-09-1053A after receiving a complaint regarding Respondent's care and treatment of five patients. During the Board's investigation, five patient charts were reviewed and deviations were found in all five. The Board initiated case number MD-09-1576A after receiving a complaint regarding Respondent's care and treatment of IS, TB, and TM alleging that Respondent inappropriately prescribed controlled substances to all three patients.

4. Specifically, Respondent saw patients NF, BH, CW, DW, and MR for reported lower back pain and diagnosed the patients with chronic pain syndrome. Respondent made this diagnosis even though there was no documentation that Respondent reviewed any diagnostic studies for BH, CW, DW, and MR, and patient NF's

1 diagnostic studies were negative for any pathology. Respondent prescribed 30mg of
2 Roxicodone to NF, BH, CW, and MR and 30mg Oxycodone to patient DW. In addition to
3 prescribing Roxicodone, Respondent prescribed Soma to patient BH and 40mg of
4 OxyContin to patient CW, but later discontinued the OxyContin. Respondent also
5 prescribed Xanax to patient MR, but he did not document the strength of the medication.

6 5. Further, there was no documentation of the etiology of the lower back pain
7 for NF, BH, CW, DW, and MR, or evaluation of their range of motion; specific areas of
8 point tenderness; any vascular issues; any presence or absence of hyperalgesia; any
9 absence of allodynia; any gait abnormalities or any associated lower back pain structures,
10 including sacroiliac joints or hip evaluation. Respondent also prescribed high dose opioids
11 to the patients without evaluating them for substance abuse, addiction, and/or diversion.
12 Specifically, there was no documentation that Respondent ordered any urine drug screens
13 to determine whether the patients were taking the medications or using illicit substances.

14 6. A Medical Consultant reviewed the care provided to IS, TB, and TM by
15 Respondent and found that the medical records poorly documented clinic appointments
16 and responses to medications. Based upon review of the records, IS, TB, and TM
17 presented to Respondent with only subjective complaints of pain and immediately received
18 narcotics and other medications without a comprehensive evaluation and diagnosis being
19 completed.

20 7. The standard of care requires a physician to perform an adequate chronic
21 lower back pain physical examination. The standard of care requires a physician to
22 perform diagnostic evaluations to reveal pathology of lower back pain, which would lead to
23 a treatment plan of the specific issue. The standard of care when prescribing high dose
24 opioids requires a physician to evaluate the patient for substance abuse, addiction, and
25 diversion that include urine drug screens to identify whether the patient is taking the

1 medication or using any illicit substances. The standard of care for treating patients with
2 chronic pain requires a physician to carefully screen incoming patients to determine their
3 eligibility to participate. The standard of care requires a physician to obtain and review all
4 previous information so as to be able to make or confirm an actual diagnosis other than
5 chronic pain prior to prescribing opiates or other medications at the time of the initial
6 evaluation.

7 8. Respondent deviated from the standard of care because he did not perform
8 an adequate chronic lower back pain physical examination for patients BH, CW, DW, and
9 MR. Respondent deviated from the standard of care because he did not perform a
10 diagnostic evaluation that revealed pathology of lower back pain for NF that would lead to
11 a treatment plan of the specific issue. Respondent deviated from the standard of care
12 because he did not evaluate NF, BH, CW, DW, and MR for substance abuse, addiction,
13 and diversion that included urine drug screens to identify whether they were taking the
14 medication or using any illicit substances. Respondent deviated from the standard of care
15 because he failed to carefully screen incoming patients to determine their eligibility to
16 participate in a pain management treatment plan. Respondent deviated from the standard
17 of care because he prescribed opiates or other medications at the time of the initial
18 evaluation of patients IS, TB, and TM without reviewing previous information to make or
19 confirm an actual diagnosis other than chronic pain.

20 9. There was potential for substance abuse, addiction, dependence, and
21 diversion. There was also potential for violence expressed by TB attempting to obtain
22 additional medication outside of his proposed agreement. In addition, there was potential
23 for diversion of medications with high potential for abuse/misuse by patients without
24 documented need for the medication other than subjective complaints of pain.

10. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because there was no documentation that Respondent reviewed any diagnostic studies and he failed to document the strength of MR's Xanax medication, the etiology of the lower back pain, and that he had evaluated the patients for substance abuse, addiction, and/or diversion. In addition, Respondent's records were inadequate because he poorly documented clinical appointments and the patients' responses to medications.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) (“[f]ailing or refusing to maintain adequate records on a patient.”) and A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.”).

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a **Letter of Reprimand**.

2. Respondent is placed on probation for **two years** with the following terms and conditions:

a. Respondent shall **within 30 days** of the effective date of this order, enter into a contract with a Board pre-approved monitoring company ("Contractor") to

1 provide all monitoring services. Respondent shall bear all costs of monitoring requirements
2 and services.

3 b. Continuing Medical Education

4 Respondent shall within **six months** of the effective date of this Order
5 complete the PACE prescribing course and the PACE medical recordkeeping course at his
6 expense. Upon completion of the courses, Respondent shall provide the Contractor with
7 satisfactory proof of attendance. The course hours shall be in addition to the CME hours
8 required for the biennial renewal of medical licensure.

9 b. Chart Reviews

10 The Contractor shall perform periodic chart reviews upon completion of the
11 PACE prescribing and medical recordkeeping course work. Based upon the periodic chart
12 reviews, the Board retains jurisdiction to take additional disciplinary or remedial action.

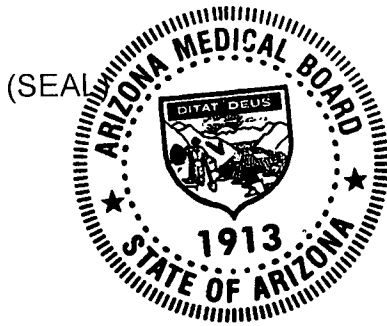
13 c. Obey All Laws

14 Respondent shall obey all state, federal and local laws, all rules governing
15 the practice of medicine in Arizona, and remain in full compliance with any court ordered
16 criminal probation, payments and other orders.

17 d. Tolling

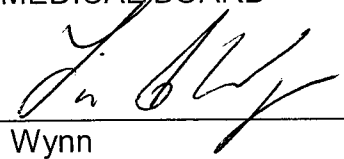
18 In the event Respondent should leave Arizona to reside or practice outside
19 the State or for any reason should Respondent stop practicing medicine in Arizona,
20 Respondent shall notify the Executive Director in writing within ten days of departure and
21 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
22 time exceeding thirty days during which Respondent is not engaging in the practice of
23 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
24 non-practice within Arizona, will not apply to the reduction of the probationary period.

1 DATED AND EFFECTIVE this 11TH day of AUGUST, 2010.



ARIZONA MEDICAL BOARD

3 By


4 Lisa S. Wynn
5 Executive Director

6 **CONSENT TO ENTRY OF ORDER**

7 1. Respondent has read and understands this Consent Agreement and the
8 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
9 acknowledges he has the right to consult with legal counsel regarding this matter.

10 2. Respondent acknowledges and agrees that this Order is entered into freely
11 and voluntarily and that no promise was made or coercion used to induce such entry.

12 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
13 a hearing or judicial review in state or federal court on the matters alleged, or to challenge
14 this Order in its entirety as issued by the Board, and waives any other cause of action
15 related thereto or arising from said Order.

16 4. The Order is not effective until approved by the Board and signed by its
17 Executive Director.

18 5. All admissions made by Respondent are solely for final disposition of this
19 matter and any subsequent related administrative proceedings or civil litigation involving
20 the Board and Respondent. Therefore, said admissions by Respondent are not intended
21 or made for any other use, such as in the context of another state or federal government
22 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
23 any other state or federal court.

24 6. Upon signing this agreement, and returning this document (or a copy thereof)
25 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
the Order. Respondent may not make any modifications to the document. Any

1 modifications to this original document are ineffective and void unless mutually approved
2 by the parties.

3 7. This Order is a public record that will be publicly disseminated as a formal
4 disciplinary action of the Board and will be reported to the National Practitioner's Data
5 Bank and on the Board's web site as a disciplinary action.

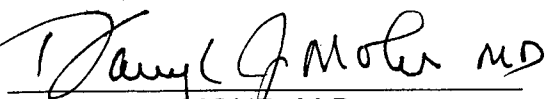
6 8. If any part of the Order is later declared void or otherwise unenforceable, the
7 remainder of the Order in its entirety shall remain in force and effect.

8 9. If the Board does not adopt this Order, Respondent will not assert as a
9 defense that the Board's consideration of the Order constitutes bias, prejudice,
10 prejudgment or other similar defense.

11 10. Any violation of this Order constitutes unprofessional conduct and may result
12 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[V]iolating a formal order, probation,
13 consent agreement or stipulation issued or entered into by the board or its executive
14 director under this chapter") and 32-1451.

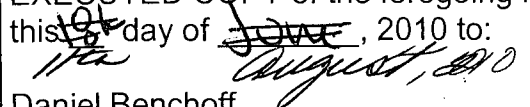
15 11. Respondent acknowledges that, pursuant to A.R.S. § 32-2533(E), he cannot
16 act as a supervising physician for a physician assistant while his license is under
17 probation.

18 12. ***Respondent has read and understands the conditions of probation.***

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20 
21 DARRYL J. MOHR, M.D.

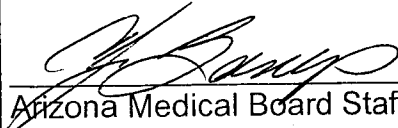
DATED: 6-18-10

22 EXECUTED COPY of the foregoing mailed
23 this ~~10th~~ day of ~~JUNE~~, 2010 to:

24 
25 Daniel Benchoff
Rake & Petti, P.C.
2701 E. Camelback Road, Suite 160
Phoenix, AZ 85016-4326

1 ORIGINAL of the foregoing filed
2 this ~~9th~~ day of ~~June~~, 2010, with:

3 Arizona Medical Board
4 9545 E. Doubletree Ranch Road
5 Scottsdale, AZ 85258

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7 Arizona Medical Board Staff
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